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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE/
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FEE DETERMINATION	/ -		
O.I.P.E. CLASSIFIER		19/	0/15
FORMALITY REVIEW	Bt.	JC. 897	10-12-00
RESPONSE FORMALITY REVIEW			10.00

INDEX OF CLAIMS

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